

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date						
Final	Original	10	4	1	5	13	
	23	10	10	10	16		
	02	03	03	03	04		
1	1	✓	✓	✓	✓		
2	✓						
3	✓						
4	✓						
5	✓						
6	✓	✓	✓	✓	✓		
7	✓	✓	✓	✓	✓		
8	✓	✓	✓	✓	✓		
9	✓	✓	✓	✓	✓		
10	✓	✓	✓	✓	✓		
11	✓	✓	✓	✓	✓		
12	✓						
13	✓						
14	✓						
15	✓						
16	✓	✓	✓	✓	✓		
17	✓	✓	✓	✓	✓		
18	✓	✓	✓	✓	✓		
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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